

Trustee's Final Report

In Re: DEAN C. PAYNE & TRACI L. PAYNE
641 HILLS STREET
SYCAMORE, IL 60178Case Number: 07-71642
SSN-xxx-xx-5272 & xxx-xx-6005Case filed on:
Plan Confirmed on:

7/10/2007

U Dismissed Unconfirmed

Total funds received and disbursed pursuant to the plan: \$0.00 Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
000	ATTORNEY JACQUELINE MONTVILLE	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
024	INTERNAL REVENUE SERVICE	54,541.76	48,043.63	0.00	0.00
	Total Priority	54,541.76	48,043.63	0.00	0.00
048	DEAN C. PAYNE	0.00	0.00	0.00	0.00
	Total Debtor Refund	0.00	0.00	0.00	0.00
001	AMERICAN GENERAL FINANCE	2,820.00	2,800.00	0.00	0.00
002	DEKALB COUNTY COLLECTOR	3,764.75	3,620.00	0.00	0.00
003	SAUK VALLEY MOTORS	2,700.00	2,700.00	0.00	0.00
004	SELECT PORTFOLIO SERVICING	150,167.88	0.00	0.00	0.00
005	SELECT PORTFOLIO SERVICING	32,798.71	25,000.00	0.00	0.00
	Total Secured	192,251.34	34,120.00	0.00	0.00
001	AMERICAN GENERAL FINANCE	0.00	20.00	0.00	0.00
002	DEKALB COUNTY COLLECTOR	0.00	144.75	0.00	0.00
006	ALLIANCE ON RECEIVABLE MANAGEMENT	0.00	0.00	0.00	0.00
007	AMERICAN GENERAL	0.00	0.00	0.00	0.00
008	AMERICAN MEDICAL COLLECTION AGENCY	0.00	0.00	0.00	0.00
009	BLATT HASENMILLER LEIBSKER & MOORE	0.00	0.00	0.00	0.00
010	DEKALB COUNTY CIRCUIT COURT CIVIL	0.00	0.00	0.00	0.00
011	DEKALB COUNTY SHERIFF	0.00	0.00	0.00	0.00
012	DELNOR COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00
013	DEPARTMENT OF THE TREASURY	0.00	0.00	0.00	0.00
014	DEPARTMENT OF THE TREASURY	0.00	0.00	0.00	0.00
015	DEPARTMENT OF THE TREASURY	0.00	0.00	0.00	0.00
016	ENCORE RECEIVABLE MANAGEMENT	0.00	0.00	0.00	0.00
017	EQUIFAX	0.00	0.00	0.00	0.00
018	EXPERIAN	0.00	0.00	0.00	0.00
019	FCCA	0.00	0.00	0.00	0.00
020	FISHER & SHAPIRO	0.00	0.00	0.00	0.00
021	FOX VALLEY EAR NOSE & THROAT	0.00	0.00	0.00	0.00
022	ILLINOIS DEPT OF REVENUE	0.00	0.00	0.00	0.00
023	INTERNAL REVENUE SERVICE	0.00	0.00	0.00	0.00
024	INTERNAL REVENUE SERVICE	0.00	6,498.13	0.00	0.00
025	KISHWAUKEE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00
026	KISHWAUKEE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00
027	KISHWAUKEE COMMUNITY HOSPITAL	0.00	0.00	0.00	0.00
028	LINEBARGER, GROGGAN, BLAIR & SAMPSON	0.00	0.00	0.00	0.00
029	MIDWEST ORTHOPDEDIC	15,438.17	15,438.17	0.00	0.00
030	MORTGAGE ELECTRONIC REGISTRATION	0.00	0.00	0.00	0.00
031	CAPITAL ONE	850.95	850.95	0.00	0.00
032	NORTHERN IL REHABILITATION & SPORTS MED	1,690.50	1,690.50	0.00	0.00
033	PENN CREDIT CORPORATION	0.00	0.00	0.00	0.00
034	PLAZA ASSOCIATES	0.00	0.00	0.00	0.00
035	PRAIRIE HEALTHCARE LTD.	0.00	0.00	0.00	0.00
036	QUEST DIAGNOSTICS	0.00	0.00	0.00	0.00
037	SAUK VALLEY MOTORS	0.00	0.00	0.00	0.00
038	SUNRISE PROPERTIES	0.00	0.00	0.00	0.00
039	TRANSUNION	0.00	0.00	0.00	0.00
040	UNITED RECOVERY SYSTEM	0.00	0.00	0.00	0.00
041	VALLEY AMBULATORY SURGERY CENTER	0.00	0.00	0.00	0.00
042	CAPITAL ONE	947.54	947.54	0.00	0.00
043	CAPITAL ONE	1,085.94	1,085.94	0.00	0.00
044	PORTFOLIO RECOVERY ASSOCIATES	1,839.36	1,839.36	0.00	0.00
045	JEFFERSON CAPITAL SYSTEMS, LLC	403.26	403.26	0.00	0.00
046	ROUNDUP FUNDING LLC	1,269.73	1,269.73	0.00	0.00
047	JEFFERSON CAPITAL SYSTEMS, LLC	2,973.30	2,973.30	0.00	0.00
	Total Unsecured	26,498.75	33,161.63	0.00	0.00

Grand Total:	273,291.85	115,325.26	0.00	0.00
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Total Paid Claimant: \$0.00
Trustee Allowance: \$0.00
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer
Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 11/30/2007

By /s/Heather M. Fagan